

# INTERDEPARTMENTAL REGULATION OF CHILDREN'S RESIDENTIAL FACILITIES

## INITIAL APPLICATION FOR A VIRGINIA STATE LICENSE/CERTIFICATE TO OPERATE A RESIDENTIAL FACILITY FOR CHILDREN

A completed application including any supplemental information required shall be submitted at least 60 days in advance of the planned opening date. (See § 20.A.1 of the *Interdepartmental Standards*.) The licensure/certification study will begin after a complete application is received.

Application is hereby made to operate a residential facility for children pursuant to provisions of the *Code of Virginia*.

### I. IDENTIFYING INFORMATION

Facility's Name: \_\_\_\_\_

Address: Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

County: \_\_\_\_\_ Telephone Number at Facility: \_\_\_\_\_

Facility E-Mail Address: \_\_\_\_\_

Mailing Address, if different from Street Address:

\_\_\_\_\_

Directions to Facility: \_\_\_\_\_

\_\_\_\_\_

Sponsoring Organizations Name: \_\_\_\_\_

Sponsor's Address: \_\_\_\_\_

\_\_\_\_\_ Sponsor's Telephone: \_\_\_\_\_

Name and Title of Chief Administrative Officer: \_\_\_\_\_

Name of Program Director (s): \_\_\_\_\_

Name, Telephone Number and E-Mail Address of Community Liaison: (The community liaison is the staff that shall be responsible for facilitating cooperative relationships with the neighbors, the school system, local law enforcement, local government officials, and the community at large.)

\_\_\_\_\_

Anticipated dates the facility will be closed and anticipated dates that residents will be off campus for extended trips and events during the next 24 months: \_\_\_\_\_

\_\_\_\_\_

**FACILITY CATEGORY (IES)**

(Check **all** applicable categories. “Child Caring Institution” includes all facilities regulated by the Department of Social Services.)

<input type="checkbox"/>	Child Caring Institution (CCI)	<input type="checkbox"/>	Independent Living Program (ILP)	<input type="checkbox"/>	Respite Care Facility (RC)
<input type="checkbox"/>	Emergency Shelter (ES)	<input type="checkbox"/>	Juvenile Correctional Facility (JCF)	<input type="checkbox"/>	School for Individuals with Disabilities (SH)
<input type="checkbox"/>	Facility for Mentally III/Emotionally Disturbed (MED)	<input type="checkbox"/>	Less Secure Detention (LSD)	<input type="checkbox"/>	Secure Detention (SDH)
<input type="checkbox"/>	Facility for Mentally Retarded (MR)	<input type="checkbox"/>	Post-Dispositional Group Home (POS)	<input type="checkbox"/>	Temporary Care Facility (TC)
<input type="checkbox"/>	Facility for Substance Abusers (SA)	<input type="checkbox"/>	Pre-Dispositional Group Home (PRE)	<input type="checkbox"/>	Wilderness Program (SH)
<input type="checkbox"/>		<input type="checkbox"/>	Boot Camp (BC)	<input type="checkbox"/>	

**II. POPULATION**

Capacity	Gender	Minimum Age	Maximum Age

**III. ORGANIZATIONAL INFORMATION**

1. The Facility is operated by a(n):

<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Public Agency	<input type="checkbox"/>	Unincorporated Organization or Association
<input type="checkbox"/>	Individual	<input type="checkbox"/>	Partnership		

2. The facility is operated:

<input type="checkbox"/>	For Profit	<input type="checkbox"/>	Not for Profit
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**IV. RESIDENTIAL ENVIRONMENT**

A. List all buildings below. Attach additional pages if necessary. In addition, a sketch of the grounds may be included, if desired.

Name or Number of Building	Date of Construction	Date of Occupancy	Function	Number of Residents

B. Name and address of owner of physical plant.

Name	
Address	

**V. RECORDS**

Identify the location of the following records:

Financial Records	
Personnel Records	
Resident's Records	

**VI. ATTACHMENTS**

Attached	Name of Attachment
	<b>Facility Floor Plans</b> indicating the exact dimensions of rooms to be used, including room length, width, and ceiling heights; designating the function(s) of each room; and indicating the number of basins, tubs, commodes, and showers in the bathrooms.

Attached	Name of Attachment
	<b>Supervision Plan – Staff Information Sheet:</b> A list of staff members with designated positions, qualifications, etc., in the same format as the attached form (see attached Staff Information Sheet – Form # 032-05-552)
	<b>Supervision Plan – Narrative</b> describing planned deviations, if any, from established staff child ratios (see § 740)
	<b>Job Descriptions</b> corresponding to the positions listed on the staff information sheet (§ 210)
	<b>Statement of Philosophy and Objectives</b> of the facility including a comprehensive description of the population to be served and the program to be offered. Please include any brochures/pamphlets distributed to the public and to agencies using your program (see § 110.C)
	<b>Criteria for Admission</b> (see § 530)
	<b>Documentation that Buildings and Equipment are Maintained According to the VA Statewide Fire Prevention Code</b> (see § 330.B)
	<b>Report of Sanitation Inspection</b> (See attached form #032-05-555 and § 330.C.) Attach last completed inspection form or give date inspection is scheduled_____.
	<b>Certificate of Occupancy:</b> Issued by the local building official no more than 90 days prior to the date of this application, indicating that the building is classified for its proposed licensed/certified purposes. (see § 330.A) NOTE: Buildings owned and operated by the Department of Education; Department of Juvenile Justice; and the Department of Mental Health, Mental Retardation and Substance Abuse Services are not required to have a certificate of occupancy.
<b>FINANCIAL INFORMATION – PRIVATE FACILITIES</b>	
	<b>Documentation of funds or line of credit</b> sufficient for 90 days operating expenses. (see § 20.A.2)
	<b>Balance Sheet</b> showing assets and liabilities (see § 20.A.3b)
	<b>Working Budget</b> showing projected revenue and expenses for the first year of operation. (see § 20.A.3.a)

Attached	Name of Attachment
Financial Information – State and Local Government Operated Facilities	
	<b>A Working Budget</b> showing appropriated revenue and projected expenses for the coming year (see § 20A.4)
Facilities Operated by a Corporation	
	<p>For a facility operated by a Virginia corporation, submit a copy of the <b>Articles of Incorporation, the By-laws, and the Certificate of Incorporation (or Certificate of Amendment)</b> from the Virginia State Corporation Commission of the appropriate state office.</p> <p>For a facility located in Virginia that is operated by an out-of-state corporation, submit a copy of the <b>Articles of Incorporation, the By-laws, and the Certificate of Authority</b> issued by the Virginia State Corporation Commission.</p>
Facilities with a Governing Board	
	<b>A list of all members of the Board, the Executive Committee, or, for a public agency, all members of the legally accountable governing body.</b> Each list should include the name, address and office/title of each individual.
For Facilities Operated by a Corporation, an Unincorporated Organization or an Association	
	<b>References</b> for three officers of the Board including the President, Secretary-Treasurer and a Member-at-Large. (See attached Reference Sheet for each Owner/Operator.)

**VII. CERTIFICATIONS**

In making this application, I certify that:

1. I am in receipt of and have read a copy of the *Standards for Interdepartmental Regulation of Children’s Residential Facilities* and all applicable certification standards.
2. It is my intent: (a) to comply with applicable statutes and the aforementioned *Interdepartmental Standards* and certification standards, and (b) to maintain compliance with them.
3. I understand that representatives of the Departments of Education; Juvenile Justice; Mental Health, Mental Retardation and Substance Abuse Services; and Social Services are authorized to investigate all aspects of facility operation, to inspect the facility, and to make any investigations necessary concerning the circumstances surrounding this application. I understand that if the facility is licensed/certified, the departments’ representatives will make announced and unannounced visits to determine continuing compliance.
4. I understand that sanitation inspections and documentation that building and equipment are maintained in accordance with the Virginia Statewide Fire Prevention Code are required on an annual basis, as applicable, and intend to obtain the required inspections and submit inspection reports.
5. I understand that, in the event this application is denied, I have appeal rights as provided by the Administrative Process Act, § 9-6.14:1 et. Seq. of the *Code of Virginia*.
6. To the best of my knowledge and belief, all information related to this application is accurate and complete. Additional information will be supplied as requested during investigation of this application and all subsequent investigations.
7. I am receipt of and have read the information provided regarding the siting of children’s residential facilities.

(Signature) <sup>1</sup>	(Title)
(Name Printed)	(Date)

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<sup>1</sup> This application shall be signed by the individual legally responsible for the operation of the residential facility for children, or, if the facility is to be operated by a board/governing body, by an officer of the board/governing body, preferably the chair. If the facility is to be operated by a governmental entity, the person employed by that government to operate the facility may sign the application.